

AT CHECK OUT/CHECK IN SHEET

COMNAVSURFRESFORINST 3502.1B

Privacy Act Statement: The authority to request this information is contained in 5 USC Departmental Regulations. The principal purpose of the information is to ensure you receive appropriate guidance necessary to perform a productive Annual Training (AT) period and ensure you receive proper credit upon return. You are not required to furnish this information; however, failure to do so could result in a less effective training period for you and/or delay in you receiving credit for the AT.

NAME:	RATE:	SSN:	UNIT:
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AT START DATE:	AT LOCATION:	ORDER SDN:
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CHECK OUT

	RATE/RANK/NAME	DATE	INITIALS
AT COORDINATOR Review orders with Member (MBR) for errors. Advise MBR of Travel and Reporting Instructions.			
MEDICAL Records verified, inoculations/tests up to date and orders endorsed.			
ADMINISTRATION/PERSONNEL Security Clearance, ID Card and Record of Emergency Data (NAVPERS 1070/602) verified.			
UNIT CO/TRAINING OFFICER Brief MBR on training to be completed while on AT. Ensure MBR meets grooming standards and uniforms are proper. Provide appropriate forms, PQS, Advancement Handbook, NAVPERS 1070/604 with PQS qualifications for shipboard AT.			

CHECK IN

	RATE/RANK/NAME	DATE	INITIALS
ADMINISTRATION/PERSONNEL Obtain copy of Orders/Pay Voucher. Make appropriate Service Record/RSTARS entries.			
MEDICAL Obtain Health Records.			
UNIT CO/TRAINING OFFICER Update Training Jacket/IRAD. Take actions to resolve an problems encountered by MBR.			
MEMBER Modification required to orders? YES / NO (Circle appropriate answer.)			
AT COORDINATOR Insure above actions are completed.			

REMARKS: